

# REQUEST FOR PROPOSALS

## *Housing Opportunities for Persons With AIDS (HOPWA)*



City of Houston  
Department of Housing and Community  
Development On-line

<http://www.houston.tx.gov>  
<http://www.houstonhousing.org>

*City of Houston  
Housing & Community Development Department*

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**Bill White**  
Mayor

**Milton Wilson, Jr.**  
Director HCDD

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**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS  
2003 REQUEST FOR PROPOSALS**

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**REQUEST FOR PROPOSALS  
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS  
(HOPWA)**

***SUPPORTIVE SERVICES APPLICATION***

**I. GENERAL INFORMATION**

**A. INTRODUCTION AND PURPOSE**

The City of Houston's Housing and Community Development Department ("HCDD") is currently accepting proposals for funding through the Housing Opportunities for Persons with AIDS ("HOPWA") program. The City has funds available from the U. S. Department of Housing and Urban Development ("HUD") through its HOPWA program which provides housing and other related supportive services to low-income persons with AIDS or related diseases and their families. Eligible persons must reside within the Houston Eligible Metropolitan Statistical Area ("EMSA"). The Houston EMSA consists of the cities of Houston, Baytown, and Pasadena; and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, San Jacinto and Waller Counties.

We are soliciting this Request for Proposals on an open-ended basis. There is no deadline for submission of the proposals; however, HCDD will begin review of the proposals in the order that we receive them. Funding of the projects is subject to availability of funds from HUD and is contingent upon compliance with HUD and City of Houston ("City") criteria. Additionally, Houston City Council must approve all project funding.

Words and phrases used in the application which are defined in applicable HUD regulations will have the meanings described therein. Applicable regulations may be found in the HUD Code of Federal Regulations, 24 CFR Part 574. Please contact HCDD at (713) 868-8300 for details.

The applicant is responsible for submitting a proposal that complies with the criteria established for submission in the application. The successful applicant may enter into an agreement with the City that is also subject to the federal regulations governing use of HOPWA funds, if applicable, as may be amended from time to time. The City may amend, supplement, or cancel all or part of this application through notice to the public if the City deems it is in the best interest to do so.

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Milton Wilson, Jr., Director  
Housing and Community Development Department

## B. PROGRAM DESCRIPTION

The Housing Opportunities for Persons with AIDS (HOPWA) Program was established under the AIDS Housing Opportunities Act (42 U.S.C. 12901) in 1990 and amended by the Housing Community Development Act of 1992. The program is designed to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons with acquired immunodeficiency syndrome and their families. The program, which is managed by the U. S. Department of Housing and Urban Development, authorizes entitlement grants and competitively awarded grants for housing assistance and services. HUD provides funds to the City in the form of annual allocations (grants).

Proposals are presently being solicited from nonprofit organizations who have received their 501(c)(3) nonprofit status to provide administration, supportive services, and operation of housing projects for low-income persons with HIV/AIDS and their families. Nonprofit organizations may collaborate with bankers, developers, and faith-based organizations to build, acquire, or rehabilitate affordable housing facilities for persons who are HIV/AIDS infected or affected. Applicants interested in this type of funding should complete the "Application for Multi-Family Housing Loan."

## C. HOPWA DEFINITIONS

Below are some terms, as defined by HUD, which are used throughout this Request for Proposals.

**AIDS or related diseases** means the disease of acquired immunodeficiency syndrome ("AIDS") or any conditions arising from the etiologic agent for AIDS, including infection with the human immunodeficiency virus (HIV).

**Community Residence** is a multi-unit residence designed for eligible persons to provide a lower cost residential alternative to institutional care; to prevent or delay the need for such care; to provide a permanent or transitional residential setting with appropriate services to enhance the quality of life for those who are unable to live independently; and to enable such persons to participate as fully as possible in community life.

**Eligible person** means a person infected with AIDS or related diseases who is a low-income individual (*see definition below*) and the person's family.

**Family** means a household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well-being, and the surviving member(s) of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death.

**Low-Income individual** means any individual or family whose incomes do not exceed 80 percent of the median income for the area, as determined by the Secretary of Housing and Urban Development, with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80 percent of the median income for the area if the Secretary finds that such variations are necessary because of prevailing levels of construction costs or unusually high or low family incomes.

**Nonprofit organization** means any nonprofit organization (including a State or locally chartered, nonprofit organization) that meets the following criteria: (a) Organized under State or local laws; (b) No net earnings inure to the benefit of a member, founder, contributor, or individual; (c) Has an accounting system operated according to generally accepted accounting principles, or has designated an entity that will maintain such system; and (d) Includes among its purposes significant activities serving or housing persons with AIDS or related diseases.

**Project Sponsor** means any nonprofit organization or a housing agency of a State or unit of general local government that receives funds under the HOPWA grant from the grantee (City).

## **D. ELIGIBLE ACTIVITIES**

Eligible activities under the HOPWA program which will be funded through this application include the following:

**Housing Information** includes counseling, information and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible beneficiaries who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status or disability.

**Resource Identification** establishes, coordinates, and develops housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives).

**Acquisition, Rehabilitation, Conversion, Lease, and Repair** of facilities (Short-Term supported housing, single room occupancy dwellings, community residences, etc.) to provide housing and services for eligible persons. *(A completed "Application for Multi-Family Housing Loan" must be submitted for review and approval of these activities.)*

**New Construction** of facilities (for single room occupancy (SRO) dwellings and community residences, only) to provide housing and services for eligible persons. *(A completed "Application for Multi-Family Housing Loan" must be submitted for review and approval for this activity.)*

**Project- or Tenant-based Rental Assistance** including assistance for shared housing arrangements.

**Short-Term Rent, Mortgage, and Utility Assistance** provides payments for rent, mortgage, and/or utilities to prevent the homelessness of the tenant or mortgagor of a dwelling.

**Supportive Services** includes, but is not limited to, health (health education and wellness counseling - No funds will be used to make payment for health services for any item or service to the extent that payment has been made, or can reasonably be expected to be made with respect to that item or service: i) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or ii) by an entity that provides health services on a prepaid basis.); mental health assessment (psychiatric reviews or services which determine the mental health of the client); permanent housing placement (facilitate the movement of homeless individuals and families to permanent housing (long-term housing) within 24 months of their transitional housing stay); drug and alcohol abuse treatment and counseling (provide for group therapy, peer counseling, disease management, chemical dependency counseling, and family counseling); day care (adults and children); personal assistance (grooming, laundry, cooking, housekeeping, basic hygiene, etc.), nutritional services (nutritional diet education and counseling, meal preparation, food purchases, and grocery vouchers); intensive care when required (provide for the locating of a care provider who can appropriately care for the individual and referral of the individual to the care provider); and assistance in gaining access to Local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals.

**Operating Costs** includes operating costs for housing such as maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs.

**Technical Assistance** assists in establishing and operating a community residence including planning and other pre-development or preconstruction activities, but not limited to, costs related to community outreach and educational activities regarding AIDS or related diseases for persons residing in the proximity of the community residence.

**Administrative** includes those costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

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Addendum:

**DISALLOWED ITEMS/ACTIVITIES**

**The following items or activities will not be considered for funding by the Department and will cause an automatic rejection of the proposal.**

1. Orphanage Housing
2. Medicine



# Housing Opportunities for Persons With AIDS (HOPWA) REQUEST FOR PROPOSALS Supportive Services Application

City of Houston, Housing and Community Development Department

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## A. HOPWA Program Proposal Submission Instructions

HCDD EXPECTS PROPOSERS TO READ AND UNDERSTAND HOPWA REGULATIONS BEFORE SUBMITTING PROPOSALS. Proposers shall observe all laws and regulations regarding operation of residential care facilities using HOPWA funds.

This Request for Proposals is solicited on an open-ended basis. There is no deadline for submission of the proposal; however, HCDD will begin review of the proposals in the order that we receive them. Include only one project per proposal; nevertheless, an agency may submit multiple proposals. Each proposal should be submitted as follows:

- Submit one original and four (4) copies of the proposal, along with one original set and four (4) copies of the Required Supportive Documents (see Exhibit 22), in sealed envelopes clearly marked "Housing Opportunities for Persons With AIDS Program." Required Supportive Documents should be separated and clearly identified. **All Required Supportive Documents *must* be included, or a written explanation detailing the extenuating circumstances responsible for a document's exclusion. HCDD WILL NOT CONSIDER PROPOSALS LACKING A REQUIRED SUPPORTIVE DOCUMENT.**
- Submit the proposals typed on designated forms (where provided) and plain white 8.5" x 11" bond paper using 1" margins. Answer application questions clearly, concisely, typed and double spaced. Number proposal pages in the lower right-hand corner and provide a table of contents. If the proposal is not in the correct order, it will be rejected. Expensive or elaborate art work, paper, covers, binding, exhibits, visual or other presentation aids are neither necessary nor required.
- Mark boldly your agency's name, address and telephone number.
- Mail or hand deliver proposals to: Housing and Community Development Department; 601 Sawyer, Suite 400; Houston, Texas 77007

All proposals must include completed Program Summary Budgets and Project Cost Itemizations. Total costs associated with the project should be identified. For joint projects, costs associated with each agency should be easily distinguished. Furthermore, joint projects should be submitted with letters of commitment from each agency involved that explicitly describe their involvement in the project. This statement must accompany the proposal at submission time.

A proposal may be withdrawn by a proposer or his authorized representative by notifying HCDD in writing of its desire to do so. The proposal should be withdrawn prior to an award for funding.

## **B. Governing Provisions and Limitations**

1. This Request for Proposals does not commit the issuer to award a contract, to pay costs incurred in preparation of a proposal to this request, or to procure or contract for services or supplies. The issuer reserves the right to accept or reject any or all proposals to this request which it receives, or to negotiate with all qualified sources, or cancel in part, or in its entirety, the Request for Proposals, if it is in the best interest of the issuer.
2. The issuer reserves the right to:
  - a. Negotiate to extend with additional funding as available, any contract awarded as a result of this request.
  - b. Reduce the contract funding if the issuer does not receive adequate funding from HUD.
3. Proposer(s) shall not, under penalty of law, offer any gratuities, favors, or anything of monetary value to any officer or employee of the issuer for the purpose of influencing favorable disposition toward its own proposal or any other proposal submitted hereunder.
4. News releases pertaining to any matter related to the selection process should not be made without prior written approval of the issuer.
5. All materials furnished by a proposer in its proposal shall become the property of the issuer and shall be considered public information.
6. Proposers will be required to assume full responsibility of all services, including that of any subcontractors.
7. The proposer must include in the proposal the names of potential subcontractors, their organizational and professional qualifications, résumé, and a detailed description of the work to be subcontracted.
8. Proposer(s) shall not restrict or eliminate competition or otherwise restrain trade. The issuer may reject proposals for violation of this provision. This restriction does not preclude joint ventures or subcontracts.
9. The issuer's obligation hereunder depends upon availability of appropriated funds from HUD. No legal liability on the issuer for payment of any money shall arise unless and until HUD makes funds available to the issuer for this program and issuer notifies the proposer of such allocation, in writing.
10. Oral explanations or instructions given before the award of the contract shall not be binding. Any information given to a proposer concerning the proposal request will be furnished to all prospective proposers as an amendment to the Request for Proposals if such information is necessary to proposers in submitting offers on the Request for Proposals or if lack of such information would be prejudicial to uniformed proposers.



11. The issuer reserves the right to request revisions. The issuer may accept any proposal, or part thereof, whether or not negotiations subsequent to its receipt occur, unless issuer receives a written notice to withdraw the proposal prior to award. If interested parties conduct subsequent negotiations, those shall not constitute a rejection or counteroffer on the part of the issuer.
12. The issuer may answer questions clarifying the Request for Proposals. Accordingly, each initial proposal shall be submitted on the most favorable terms for the proposer.

### **C. Technical Assistance**

Technical assistance will not be provided in developing a proposal in response to this Request for Proposals. However, HCDD may refer proposers to technical assistance organizations. These organizations are not City of Houston representatives and the City assumes no liability to the proposers for any technical assistance provided by these organizations.

Recitations or lists of federal, state, or city regulations or requirements included in this Request for Proposals are included only as an exemplary guide to proposers. Such recitations or lists may not be relied upon by proposers. It is the proposer's responsibility to understand and comply with all applicable regulations and requirements.

### **D. General Program Criteria**

The Housing and Community Development Department of the City of Houston will complete the review and funding recommendation of the proposal within forty-five(45) days from the date a completed application is received, provided the proposal is complete and contains all information necessary to complete the review. Projects submitted will be evaluated on a preliminary basis to determine if the project meets the following basic criteria:

1. There must be funds available for the type of project proposed.
2. The project must be compatible with the City's overall housing and supportive services goals and efforts.
3. The project must, in the City's judgement, be economically feasible and the costs must be in line with fair market value or the project must warrant expenditure in excess of fair market value.
4. The proposed site must be within the limits of the City of Houston's EMSA, which consists of the cities of Houston, Baytown, and Pasadena, and Chambers, Fort Bend, Harris, Liberty, Montgomery and Waller Counties.
5. The proposal contains all documentation stipulated in Exhibit 2: HOPWA Proposal Checklist.

**IT IS THE PROPOSER'S RESPONSIBILITY TO REVIEW, UNDERSTAND AND COMPLY WITH ANY AND ALL APPLICABLE RULES, STATUTES, LAWS, ORDINANCES, OR REGULATIONS AND REQUIREMENTS BEFORE SUBMITTING THEIR PROPOSALS FOR CONSIDERATION.**

## EXHIBITS

### City of Houston, Housing and Community Development HOPWA Program Proposal

#### EXHIBIT 1: COVER PAGE

Applicant Name and Address	Contact Person
Phone Number	Fax Number
Type of Project	Amount Requested
<p>Name &amp; Title of Certifying Representative <i>Note: "Certifying Representative," means the individual who may legally submit proposals for the agency and enter into agreements with The City of Houston, i.e. the Chairman of the Board of a social service agency. You may identify a different "contact person."</i></p> <p>Name: _____ Title: _____</p>	

I hereby certify that all information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate to the best of my knowledge.

Signature of Certifying Representative	Date
Signature of Preparer	Date

## EXHIBIT 2: HOPWA PROGRAM CHECKLIST

Agency name:	Amount of funds requested:
Proposed Activity:	

Please use this checklist as a guide to completing your proposal. Place a check mark by the items included in the proposal. If you feel the item does not apply to your proposal, please indicate with "N/A."

- ☐ 1. One original and 4 copies of EXHIBITS 1 through 22
- ☐ 2. EXHIBIT 1: Cover Page
- ☐ 3. EXHIBIT 3: Project Abstract
- ☐ 4. EXHIBIT 4: Project Description
- ☐ 5. Introduction
- ☐ 6. Problem Statement
- ☐ 7. Organization's Capacity and Capability
- ☐ 8. Project Description
- ☐ 9. Program Objectives and Plans
- ☐ 10. Long Term Funding
- ☐ 11. Land Acquisition
- ☐ 12. Compliance with Local Regulations
- ☐ 13. EXHIBITS 5A and 5B: Program Summary Budget
- ☐ 14. EXHIBITS 6, 6A and 6B: Administrative Budget
- ☐ 15. EXHIBITS 7, 7A and 7B: Supportive Services Budget
- ☐ 16. EXHIBITS 8, 8A and 8B: Operating Costs Budget
- ☐ 17. EXHIBITS 9, 9A and 9B: Short-Term Rent, Mortgage, and Utilities Assistance Budget
- ☐ 18. EXHIBITS 10, 10A and 10B: Technical Assistance, Housing Information, and Resource Identification Budget
- ☐ 19. EXHIBIT 11: Cost Allocations for Project
- ☐ 20. EXHIBIT 12: Authorized Signatures
- ☐ 21. EXHIBIT 13: Certification of Non-profit Eligibility
- ☐ 22. EXHIBIT 14: Accounting System
- ☐ 23. EXHIBIT 15: Security Policy
- ☐ 24. EXHIBIT 16: Assurances and Certification
- ☐ 25. EXHIBIT 17: Board of Directors Roster
- ☐ 26. EXHIBIT 18: Matching Funds
- ☐ 27. EXHIBIT 19: Project implementation schedule
- ☐ 28. EXHIBIT 20: Certification Regarding Location of Facilities and Shelters
- ☐ 29. EXHIBIT 21: Affidavit of Ownership or Control
- ☐ 30. EXHIBIT 22: Proposer Certification (Exhibit 22 and the required attachments should be submitted in a separate marked envelope.)

### **EXHIBIT 3: PROJECT ABSTRACT**

On a separate sheet of paper, typed and double spaced, briefly describe activities you intend to fund with a HOPWA grant, if awarded.

### **EXHIBIT 4: HOPWA PROJECT DETAILED DESCRIPTION**

#### **Statement of Work**

In the following eight items, be sure to address the following issues:

- Describe, in detail, the proposed project, especially client services, and the number of individuals or families expected to be served.
- Describe the organization's project evaluation plan, assessment parameters, measures of success, and feedback mechanisms for correcting plan deviations.
- Describe how HOPWA funds will leverage other available funds, volunteer resources, etc.
- Describe how funding for your HOPWA project will benefit individuals with AIDS and HIV-related diseases and their families residing in the Houston EMSA.

**Please respond to the following items as succinctly as possible.**

#### **1. INTRODUCTION**

Briefly state your organization's mission. List the services and programs that your organization currently offers, the number of individuals served by your agency, and include the geographic area it serves.

#### **2. PROBLEM STATEMENT**

Describe the problem or need you intend to address with the proposed project. Include the number and characteristics of the affected population.

#### **3. ORGANIZATION'S CAPACITY AND CAPABILITY**

- A. Describe the sponsoring organization's qualifications for performing the proposed work. Describe the agency's past experience in administering programs providing assistance to persons with HIV and AIDS, including minority persons and/or women and children.
- B. Document your organization's accomplishments and/or qualifications to administer the proposed HOPWA program -- including résumés and/or job descriptions describing the experience, education, certifications, and qualifications of the individuals who will implement the proposed project.
- C. List your organization's Board members, their places of employment, and a description of the Board's roles and duties.

#### **4. PROJECT DESCRIPTION**

- A. Describe the proposed project in detail, including its location and the number and type of persons you expect to serve.
- B. For rehabilitation or new construction of housing, provide the street address, block numbers of streets or property boundaries and/or legal description of property, number of housing units or number and purpose of rooms, and total square feet in facility. In addition, please fill out the application for "Multi-family Housing Loan."
- C. For rental and utility assistance proposals, describe program logistics, including client selection, eligibility screening, types and scope of assistance in helping clients secure adequate housing, and any types of counseling.

## **5. PROGRAM OBJECTIVES AND PLANS**

- A. Describe your service delivery plans, including your hours of operation, intake system, outreach and referral procedures, number of clients you expect to serve, and other major program features. Include policies and procedures for termination of services to clients or graduation from program and subsequent referrals that reflect a continuum of care.
- B. Describe other services that your organization or other agencies may provide in conjunction with the housing assistance described in your proposal.
- C. If proposing supervised housing for persons with neurocognitive impairment, describe your policies and procedures regarding supervision of residents' activities, including procedures protecting residents from negligence or abuse.

## **6. LONG TERM FUNDING**

If investing in real property, what sources of funds does the sponsoring agency expect to use to operate and maintain the project after exhausting HOPWA funds? What other sources of revenues support your organization?

## **7. LAND ACQUISITION AND DISPLACEMENT**

*Please fill out the application for "Multi-family Housing Loan."*

- A. Will the sponsoring agency need to acquire land for this project?
- B. If yes, has sponsor consummated acquisition?
- C. If not, who will complete the acquisition and when?
- D. Will anyone currently living or operating a business on the site be permanently displaced as a result of this project? Describe.

## **8. COMPLIANCE**

Will the proposed project comply with requirements and ordinances of the local government in which the project will operate? Please explain.

## EXHIBIT 5A: PROGRAM SUMMARY BUDGET

INCLUDE ALL ELIGIBLE COSTS OF YOUR PROPOSED PROJECT, AS APPROPRIATE.

ELIGIBLE ACTIVITIES: DETAILS AT SEC.574.300 OF PROGRAM REGULATIONS	SHORT-TERM FACILITIES		SRO DWELLINGS		COMMUNITY RESIDENCES		OTHER HOUSING		NON-HOUSING ACTIVITIES		TOTALS	
	HOPWA FUNDS	OTHER FUNDS	HOPWA FUNDS	OTHER FUNDS	HOPWA FUNDS	OTHER FUNDS	HOPWA FUNDS	OTHER FUNDS	HOPWA FUNDS	OTHER FUNDS	HOPWA FUNDS	OTHER FUNDS
PROPERTY ACQUISITION	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PROPERTY REHAB/CONVERSION	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PROPERTY LEASE	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
MINOR REPAIRS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
NEW CONSTRUCTION			\$	\$	\$	\$					\$	\$
OPERATING COSTS	\$	\$	\$	\$	\$	\$	\$	\$			\$	\$
TECHNICAL ASSISTANCE					\$	\$					\$	\$
SUPPORTIVE SERVICES ASSOCIATED WITH PROJECT	\$	\$	\$	\$	\$	\$	\$	\$			\$	\$
HOUSING INFORMATION	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
RESOURCES IDENTIFICATION	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
LONG-TERM RENTAL ASSISTANCE			\$	\$	\$	\$	\$	\$			\$	\$
SHORT-TERM RENT, MORTGAGE, UTILITY SUBSIDIES	\$	\$	\$	\$	\$	\$	\$	\$			\$	\$
SPONSOR ADMINISTRATION***	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL PROJECT COSTS ( INCLUDING MATCHING FUNDS):											\$	

7.00%

\*\*\*ADMINISTRATIVE COSTS CANNOT EXCEED 7% OF THE TOTAL HOPWA GRANT REQUEST.

# EXHIBIT 5B: PROJECT COST ITEMIZATION

PROJECT TITLE: \_\_\_\_\_

PROJECT SPONSOR: \_\_\_\_\_

ELIGIBLE COSTS	HOPWA FUNDS	OTHER FUNDS	HOPWA + OTHER
<b>PROPERTY ACQUISITION</b>			
REAL PROPERTY ACQUISITION	\$ _____	\$ _____	\$ _____
ARCHITECTURAL/ENGINEERING FEES	\$ _____	\$ _____	\$ _____
FINANCIAL APPLICATION COSTS	\$ _____	\$ _____	\$ _____
TITLE FEES	\$ _____	\$ _____	\$ _____
OTHER FEES (ATTACH DETAILS)	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>REHABILITATION:</b>			
ABATEMENT OF ENVIRONMENTAL HAZARDS	\$ _____	\$ _____	\$ _____
BUILDING CODE COMPLIANCE COSTS	\$ _____	\$ _____	\$ _____
REPAIR/REPLACEMENT OF MAJOR SYSTEMS	\$ _____	\$ _____	\$ _____
DEMOLITION AND CLEARANCE	\$ _____	\$ _____	\$ _____
ENERGY-RELATED REPAIRS	\$ _____	\$ _____	\$ _____
UTILITY CONNECTION COSTS	\$ _____	\$ _____	\$ _____
DISABILITIES ACT (ADA) COMPLIANCE	\$ _____	\$ _____	\$ _____
OTHER EXPENSES (ATTACH DETAILS)	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>PROPERTY LEASE:</b>			
DEPOSIT ON AGENCY'S GROUP HOME	\$ _____	\$ _____	\$ _____
RENT ON AGENCY'S GROUP HOME	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>REPAIRS (NON-STRUCTURAL):</b>			
APPLIANCES	\$ _____	\$ _____	\$ _____
HVAC	\$ _____	\$ _____	\$ _____
BATHROOM FIXTURES	\$ _____	\$ _____	\$ _____
KITCHEN FIXTURES	\$ _____	\$ _____	\$ _____
COSMETIC IMPROVEMENTS	\$ _____	\$ _____	\$ _____
OTHER (ATTACH EXPLANATION)	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>SUBTOTAL (THIS PAGE ONLY):</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>NEW CONSTRUCTION:</b>			
DEMOLITION AND CLEARANCE	\$ _____	\$ _____	\$ _____
SITE IMPROVEMENT	\$ _____	\$ _____	\$ _____
UTILITY CONNECTION COSTS	\$ _____	\$ _____	\$ _____
CONSTRUCTION TO APPLICABLE CODE	\$ _____	\$ _____	\$ _____
OTHER EXPENSES (ATTACH DETAILS)	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

ELIGIBLE COSTS	HOPWA FUNDS	OTHER FUNDS	HOPWA + OTHER
<b>OPERATING COSTS: ( FACILITIES - USE WORKSHEETS)</b>			
<b>MAINTENANCE</b>	\$ _____	\$ _____	\$ _____
<b>SECURITY</b>	\$ _____	\$ _____	\$ _____
<b>BUILDING OPERATION (PERSONNEL &amp; PROFESSIONAL FEES)</b>	\$ _____	\$ _____	\$ _____
<b>INSURANCE</b>	\$ _____	\$ _____	\$ _____
<b>UTILITIES</b>	\$ _____	\$ _____	\$ _____
<b>FURNISHINGS</b>	\$ _____	\$ _____	\$ _____
<b>EQUIPMENT</b>	\$ _____	\$ _____	\$ _____
<b>SUPPLIES</b>	\$ _____	\$ _____	\$ _____
<b>OTHER (ATTACH DETAILS)</b>	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL:</b>			
<b>TECHNICAL ASSISTANCE:</b>			
<b>PLANNING</b>	\$ _____	\$ _____	\$ _____
<b>PRE-DEVELOPMENT</b>	\$ _____	\$ _____	\$ _____
<b>PRECONSTRUCTION</b>	\$ _____	\$ _____	\$ _____
<b>COMMUNITY OUTREACH &amp; EDUCATION</b>	\$ _____	\$ _____	\$ _____
<b>OTHER (ATTACH EXPLANATION)</b>	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL:</b>	\$ _____	\$ _____	\$ _____
<b>PROJECT-ASSOCIATED SUPPORTIVE SERVICES: (USE WORKSHEETS)</b>			
<b>OUTREACH</b>	\$ _____	\$ _____	\$ _____
<b>CASE MANAGEMENT/CLIENT ADVOCACY/</b>	\$ _____	\$ _____	\$ _____
<b>ACCESS TO BENEFITS</b>			
<b>LIFE MANAGEMENT</b>	\$ _____	\$ _____	\$ _____
<b>NUTRITIONAL SERVICES/MEALS</b>	\$ _____	\$ _____	\$ _____
<b>ADULT DAY CARE &amp; PERSONAL ASSISTANCE</b>	\$ _____	\$ _____	\$ _____
<b>CHILD CARE &amp; OTHER CHILDREN'S SERVICES</b>	\$ _____	\$ _____	\$ _____
<b>EDUCATION</b>	\$ _____	\$ _____	\$ _____
<b>EMPLOYMENT ASSISTANCE</b>	\$ _____	\$ _____	\$ _____
<b>ALCOHOL/DRUG ABUSE SERVICES</b>	\$ _____	\$ _____	\$ _____
<b>MENTAL HEALTH SERVICES</b>	\$ _____	\$ _____	\$ _____
<b>HEALTH/MEDICAL/INTENSIVE CARE SERVICES</b>	\$ _____	\$ _____	\$ _____
<b>PERMANENT HOUSING PLACEMENT</b>	\$ _____	\$ _____	\$ _____
<b>PERSONAL FINANCIAL COUNSELING</b>	\$ _____	\$ _____	\$ _____
<b>OTHER:</b>	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL:</b>	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL (THIS PAGE ONLY):</b>	\$ _____	\$ _____	\$ _____
<b>HOUSING INFORMATION: (ATTACH EXPLANATION)</b>	\$ _____	\$ _____	\$ _____
<b>RESOURCES IDENTIFICATION: (ATTACH EXPLANATION)</b>	\$ _____	\$ _____	\$ _____



ELIGIBLE COSTS	HOPWA FUNDS	OTHER FUNDS	HOPWA + OTHER
<b>HOUSING SUBSIDIES:</b>			
LONG-TERM RENTAL ASSISTANCE	\$ _____	\$ _____	\$ _____
LONG-TERM UTILITY ASSISTANCE	\$ _____	\$ _____	\$ _____
SHORT-TERM RENT PAYMENTS	\$ _____	\$ _____	\$ _____
SHORT-TERM MORTGAGE PAYMENTS	\$ _____	\$ _____	\$ _____
SHORT-TERM UTILITY PAYMENTS	\$ _____	\$ _____	\$ _____
SUBTOTAL:	\$ _____	\$ _____	\$ _____
<b>SPONSOR ADMINISTRATION: (USE WORKSHEETS)</b>			
AGENCY OFFICE STAFF	\$ _____	\$ _____	\$ _____
OTHER AGENCY ACTIVITIES NOT DIRECTLY SERVING CLIENTS (ATTACH EXPLANATION)	\$ _____	\$ _____	\$ _____
SUBTOTAL:	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL (THIS PAGE ONLY):</b>	\$ _____	\$ _____	\$ _____
<b>GRAND TOTAL (ALL PAGES):</b>	\$ _____	\$ _____	\$ _____
<b>HOPWA REQUEST + OTHER PROJECT FUNDS</b> (THIS FIGURE SHOULD EQUAL TOTAL GRANT AMOUNT OF EXHIBIT 5A):			\$ _____

DISCUSS EACH OF THE ABOVE ACTIVITIES IN YOUR PROPOSAL NARRATIVE.

\* IDENTIFY EACH SOURCE AND AMOUNT OF OTHER FUNDING ANTICIPATED FOR THIS PROJECT.

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL	SIGNATURE OF PREPARER
TYPED NAME OF AUTHORIZED AGENCY OFFICIAL	TYPED NAME OF PREPARER

DESCRIBE ALL ADMINISTRATIVE EXPENSES ASSOCIATED WITH THE PROPOSED PROJECT.

EXHIBIT 6: ADMINISTRATIVE BUDGET WORKSHEET			
DESCRIPTION	HOPWA FUNDS	OTHER FUNDS	HOPWA + OTHER
PERSONNEL			
PROFESSIONAL FEES, CONTRACT SERVICES			
TRAVEL			
LEASE SPACE			
CONSUMABLES AND SUPPLIES			
RENT, LEASE, AND PURCHASE EQUIPMENT			
OTHER			
TOTAL			
IDENTIFY SOURCES OF OTHER ADMINISTRATIVE BUDGET FUNDS:			
	LOCAL	STATE	FEDERAL
CASH	\$	\$	\$
IN-KIND SERVICES OR MATERIALS	\$	\$	\$
TOTAL OTHER RESOURCES	\$	\$	\$

**NOTE: A NONPROFIT AGENCY MAY NOT BUDGET MORE THAN 7 PERCENT OF THE HOPWA FUNDS IT IS REQUESTING FOR ITS OWN ADMINISTRATIVE COSTS RELATED TO CARRYING OUT THE HOPWA-FUNDED ACTIVITIES DESCRIBED IN ITS PROPOSAL. THESE ADMINISTRATIVE COSTS INCLUDE THE SALARIES OF STAFF MEMBERS INVOLVED IN THE DAILY OPERATION OF THE FACILITY OR AGENCY NOT DIRECTLY SERVING CLIENTS. THIS 7 PERCENT LIMITATION DOES NOT APPLY TO SERVICES AND OPERATIONS CONTRACTED OUT TO AND PERFORMED AT THE FACILITY OR AGENCY BY THIRD PARTIES.**

INCLUDE AS **EXHIBIT 6A** A BUDGET DESCRIBING THE ADMINISTRATIVE EXPENSES ASSOCIATED WITH THE PROPOSED PROJECT. THE **FTE** COLUMN SHOULD REFLECT THE NUMBER OF **FTE (FULL-TIME EQUIVALENCY)** PERSONNEL WHO WILL WORK ON THAT PROPOSED PROJECT. **ONE FTE IS EQUAL TO ONE 40 HOUR PER WEEK POSITION.** ANY POSITION THAT IS LESS THAN **40 HOURS** SHOULD APPEAR AS A FRACTION (I.E. 20 HRS/WEEK =.5). THE PERCENT COLUMN SHOULD REFLECT THE PERCENTAGE OF THE EMPLOYEE'S TOTAL SALARY AND TIME THAT IS ANTICIPATED TO BE ALLOCATED TO THIS POSITION FOR THIS ACTIVITY. (IF NECESSARY, PLEASE USE ADDITIONAL PAGES TO SHOW ALL OTHER FUNDING SOURCES.)

**EXHIBIT 6A  
ADMINISTRATIVE BUDGET FOR PROPOSED PROJECT  
PERSONNEL DETAIL**

POSITION DESCRIPTION	FTE	EMPLOYEE SALARY	HOPWA ADMIN. AMOUNT	PERCENT OF TOTAL SALARY %	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	TOTAL ACTIVITY COSTS
<b>SALARIES SUBTOTAL</b>								

**EXHIBIT 6A**  
**ADMINISTRATIVE BUDGET FOR PROPOSED PROJECT**  
**PERSONNEL DETAIL CONTINUED**

<b>FRINGE BENEFITS</b>	<b>TOTAL PERSONNEL FRINGE BENEFITS</b>	<b>HOPWA AMOUNT</b>	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  APPLICABLE TO HOPWA (Y OR N)	<b>TOTAL ACTIVITY COSTS</b>
<b>FICA</b>						
<b>WORKER'S COMPENSATION</b>						
<b>INSURANCE (MEDICAL, DENTAL, LIFE)</b>						
<b>RETIREMENT/PENSION</b>						
<b>UNEMPLOYMENT COMPENSATION</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>FRINGE SUBTOTAL</b>						

<b>TOTAL PERSONNEL COSTS</b>						
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**EXHIBIT 6B  
ADMINISTRATIVE BUDGET EXPENDITURES DETAIL**

DESCRIPTION (INCLUDE RATE CALCULATIONS)	HOPWA REQUEST	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	TOTAL ACTIVITY COSTS
PROFESSIONAL FEES OR CONTRACTS					
TRAVEL (INCLUDE MILEAGE RATE)					
LEASE SPACE (AMOUNT AND RATE)					
CONSUMABLES AND SUPPLIES					
RENT, LEASE, PURCHASE EQUIPMENT					
OTHER (SPECIFY)					
TOTAL					

DESCRIBE ALL SUPPORTIVE SERVICES EXPENSES ASSOCIATED WITH THE PROPOSED PROJECT.

EXHIBIT 7: SUPPORTIVE SERVICE BUDGET WORKSHEET			
DESCRIPTION	HOPWA FUNDS	OTHER FUNDS	HOPWA + OTHER
PERSONNEL			
PROFESSIONAL FEES, CONTRACT SERVICES			
TRAVEL			
LEASE SPACE			
CONSUMABLES AND SUPPLIES			
RENT, LEASE, AND PURCHASE EQUIPMENT			
OTHER			
TOTAL			

  

IDENTIFY SOURCE OF OTHER DIRECT SERVICE PROGRAM FUNDS:			
	LOCAL	STATE	FEDERAL
CASH	\$	\$	\$
IN-KIND SERVICES OR MATERIALS	\$	\$	\$
TOTAL OTHER RESOURCES:	\$	\$	\$

**INCLUDE AS EXHIBIT 7A A BUDGET DESCRIBING THE SUPPORTIVE SERVICES EXPENSES ASSOCIATED WITH THE PROPOSED PROJECT. THE FTE COLUMN SHOULD REFLECT THE NUMBER OF FTE (FULL-TIME EQUIVALENCY) PERSONNEL WHO WILL WORK ON THAT PROPOSED PROJECT. ONE FTE IS EQUAL TO ONE 40 HOUR PER WEEK POSITION. ANY POSITION THAT IS LESS THAN 40 HOURS SHOULD APPEAR AS A FRACTION (I.E. 20 HRS/WEEK =.5). THE PERCENT COLUMN SHOULD REFLECT THE PERCENTAGE OF THE EMPLOYEE'S TOTAL SALARY AND TIME THAT IS ANTICIPATED TO BE ALLOCATED TO THIS POSITION FOR THIS ACTIVITY. (IF NECESSARY, PLEASE USE ADDITIONAL PAGES TO SHOW ALL OTHER FUNDING SOURCES.)**

**EXHIBIT 7A  
SUPPORTIVE SERVICES BUDGET FOR PROPOSED PROJECT  
PERSONNEL DETAIL**

POSITION DESCRIPTION	FTE	EMPLOYEE SALARY	HOPWA SUPPORTIVE SERVICES AMOUNT	PERCENT OF TOTAL SALARY %	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	TOTAL ACTIVITY COSTS
<b>SALARIES SUBTOTAL</b>								

**EXHIBIT 7A**  
**SUPPORTIVE SERVICES BUDGET FOR PROPOSED PROJECT**  
**PERSONNEL DETAIL CONTINUED**

<b>FRINGE BENEFITS</b>	<b>TOTAL PERSONNEL FRINGE BENEFITS</b>	<b>HOPWA AMOUNT</b>	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  APPLICABLE TO HOPWA (Y OR N)	<b>TOTAL ACTIVITY COSTS</b>
<b>FICA</b>						
<b>WORKER'S COMPENSATION</b>						
<b>INSURANCE (MEDICAL, DENTAL, LIFE)</b>						
<b>RETIREMENT/PENSION</b>						
<b>UNEMPLOYMENT COMPENSATION</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>FRINGE SUBTOTAL</b>						

<b>TOTAL PERSONNEL COSTS</b>						
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**EXHIBIT 7B**  
**SUPPORTIVE SERVICES BUDGET EXPENDITURES DETAIL**

DESCRIPTION (INCLUDE RATE CALCULATIONS)	HOPWA REQUEST	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  APPLICABLE TO HOPWA (Y OR N)	TOTAL
PROFESSIONAL FEES OR CONTRACTS					
TRAVEL (INCLUDE MILEAGE RATE)					
LEASE SPACE (AMOUNT AND RATE)					
CONSUMABLES AND SUPPLIES					
RENT, LEASE, PURCHASE EQUIPMENT					
OTHER (SPECIFY)					
TOTAL					

DESCRIBE ALL OPERATING COSTS ASSOCIATED WITH THE PROPOSED PROJECT.

EXHIBIT 8: OPERATIONS BUDGET WORKSHEET			
DESCRIPTION	HOPWA FUNDS	OTHER FUNDS	HOPWA + OTHER
PERSONNEL			
PROFESSIONAL FEES, CONTRACT SERVICES			
TRAVEL			
LEASE SPACE			
MAINTENANCE & REPAIRS			
SECURITY			
INSURANCE			
UTILITIES			
FURNISHINGS			
RENT, LEASE, AND PURCHASE EQUIPMENT			
CONSUMABLES AND SUPPLIES			
OTHER			
TOTAL			
IDENTIFY SOURCE OF OTHER DIRECT SERVICE PROGRAM FUNDS:			
	LOCAL	STATE	FEDERAL
CASH	\$	\$	\$
IN-KIND SERVICES OR MATERIALS	\$	\$	\$
TOTAL OTHER RESOURCES:	\$	\$	\$

**INCLUDE AS EXHIBIT 8A A BUDGET DESCRIBING THE OPERATING COSTS ASSOCIATED WITH THE PROPOSED PROJECT'S HOUSING FACILITY. THE FTE COLUMN SHOULD REFLECT THE NUMBER OF FTE (FULL-TIME EQUIVALENCY) PERSONNEL WHO WILL WORK ON THAT PROPOSED PROJECT. ONE FTE IS EQUAL TO ONE 40 HOUR PER WEEK POSITION. ANY POSITION THAT IS LESS THAN 40 HOURS SHOULD APPEAR AS A FRACTION (I.E. 20 HRS/WEEK =.5). THE PERCENT COLUMN SHOULD REFLECT THE PERCENTAGE OF THE EMPLOYEE'S TOTAL SALARY AND TIME THAT IS ANTICIPATED TO BE ALLOCATED TO THIS POSITION FOR THIS ACTIVITY. (IF NECESSARY, PLEASE USE ADDITIONAL PAGES TO SHOW ALL OTHER FUNDING SOURCES.)**

**EXHIBIT 8A  
HOUSING FACILITY OPERATIONS BUDGET FOR PROPOSED PROJECT  
PERSONNEL DETAIL**

POSITION DESCRIPTION	FTE	EMPLOYEE SALARY	HOPWA OPERATIONS AMOUNT	PERCENT OF TOTAL SALARY %	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	TOTAL ACTIVITY COSTS
<b>SALARIES SUBTOTAL</b>								

**EXHIBIT 8A**  
**HOUSING FACILITY OPERATIONS BUDGET FOR PROPOSED PROJECT**  
**PERSONNEL DETAIL CONTINUED**

<b>FRINGE BENEFITS</b>	<b>TOTAL PERSONNEL FRINGE BENEFITS</b>	<b>HOPWA AMOUNT</b>	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>TOTAL ACTIVITY COSTS</b>
<b>FICA</b>						
<b>WORKER'S COMPENSATION</b>						
<b>INSURANCE (MEDICAL, DENTAL, LIFE)</b>						
<b>RETIREMENT/PENSION</b>						
<b>UNEMPLOYMENT COMPENSATION</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>FRINGE SUBTOTAL</b>						

<b>TOTAL PERSONNEL COSTS</b>						
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**EXHIBIT 8B**  
**HOUSING FACILITY OPERATIONS BUDGET EXPENDITURES DETAIL**

DESCRIPTION (INCLUDE RATE CALCULATIONS)	HOPWA REQUEST	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	TOTAL
PROFESSIONAL FEES OR CONTRACTS					
TRAVEL (INCLUDE MILEAGE RATE)					
LEASE SPACE (AMOUNT AND RATE)					
MAINTENANCE					
SECURITY					
INSURANCE					
UTILITIES					
FURNISHINGS					
RENT, LEASE, & PURCHASE EQUIPMENT					
CONSUMABLES AND SUPPLIES					
OTHER (SPECIFY)					
TOTAL					

DESCRIBE ALL **SHORT-TERM RENT, MORTGAGE, AND UTILITIES ASSISTANCE COSTS ASSOCIATED WITH THE PROPOSED PROJECT.**

<b>EXHIBIT 9: SHORT-TERM RENT, MORTGAGE AND UTILITIES ASSISTANCE BUDGET WORKSHEET</b>			
<b>DESCRIPTION</b>	<b>HOPWA FUNDS</b>	<b>OTHER FUNDS</b>	<b>HOPWA + OTHER</b>
<b>PERSONNEL</b>			
<b>PROFESSIONAL FEES, CONTRACT SERVICES</b>			
<b>TRAVEL</b>			
<b>LEASE SPACE</b>			
<b>FACILITY UTILITIES</b>			
<b>INSURANCE</b>			
<b>FURNISHINGS</b>			
<b>RENT, LEASE, AND PURCHASE EQUIPMENT</b>			
<b>CONSUMABLES AND SUPPLIES</b>			
<b>OTHER</b>			
<b>SHORT-TERM RENT PAYMENTS</b>			
<b>SHORT-TERM MORTGAGE PAYMENTS</b>			
<b>SHORT-TERM UTILITIES PAYMENTS</b>			
<b>TOTAL</b>			
<b>IDENTIFY SOURCE OF OTHER DIRECT SERVICE PROGRAM FUNDS:</b>			
	<b>LOCAL</b>	<b>STATE</b>	<b>FEDERAL</b>
<b>CASH</b>	\$	\$	\$
<b>IN-KIND SERVICES OR MATERIALS</b>	\$	\$	\$
<b>TOTAL OTHER RESOURCES:</b>	\$	\$	\$

**INCLUDE AS EXHIBIT 9A A BUDGET DESCRIBING THE OPERATING COSTS ASSOCIATED WITH THE PROPOSED PROJECT'S SHORT-TERM RENT, MORTGAGE AND UTILITIES ASSISTANCE PROGRAM. THE FTE COLUMN SHOULD REFLECT THE NUMBER OF FTE (FULL-TIME EQUIVALENCY) PERSONNEL WHO WILL WORK ON THAT PROPOSED PROJECT. ONE FTE IS EQUAL TO ONE 40 HOUR PER WEEK POSITION. ANY POSITION THAT IS LESS THAN 40 HOURS SHOULD APPEAR AS A FRACTION (I.E. 20 HRS/WEEK =.5). THE PERCENT COLUMN SHOULD REFLECT THE PERCENTAGE OF THE EMPLOYEE'S TOTAL SALARY AND TIME THAT IS ANTICIPATED TO BE ALLOCATED TO THIS POSITION FOR THIS ACTIVITY. (IF NECESSARY, PLEASE USE ADDITIONAL PAGES TO SHOW ALL OTHER FUNDING SOURCES.)**

**EXHIBIT 9A  
SHORT-TERM RENT, MORTGAGE AND UTILITY ASSISTANCE BUDGET  
PERSONNEL DETAIL**

POSITION DESCRIPTION	FTE	EMPLOYEE SALARY	HOPWA SHORT- TERM RMUA AMOUNT	PERCENT OF TOTAL SALARY %	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	TOTAL ACTIVITY COSTS
<b>SALARIES SUBTOTAL</b>								

**EXHIBIT 9A**  
**SHORT-TERM RENT, MORTGAGE AND UTILITIES ASSISTANCE BUDGET**  
**PERSONNEL DETAIL CONTINUED**

<b>FRINGE BENEFITS</b>	<b>TOTAL PERSONNEL FRINGE BENEFITS</b>	<b>HOPWA AMOUNT</b>	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>TOTAL ACTIVITY COSTS</b>
<b>FICA</b>						
<b>WORKER'S COMPENSATION</b>						
<b>INSURANCE (MEDICAL, DENTAL, LIFE)</b>						
<b>RETIREMENT/PENSION</b>						
<b>UNEMPLOYMENT COMPENSATION</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>FRINGE SUBTOTAL</b>						

<b>TOTAL PERSONNEL COSTS</b>						
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<b>EXHIBIT 9B</b> <b>SHORT-TERM RENT, MORTGAGE AND UTILITIES ASSISTANCE BUDGET EXPENDITURES DETAIL</b>					
DESCRIPTION (INCLUDE RATE CALCULATIONS)	HOPWA REQUEST	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	TOTAL
PROFESSIONAL FEES OR CONTRACTS					
TRAVEL (INCLUDE MILEAGE RATE)					
LEASE SPACE (AMOUNT AND RATE)					
FACILITY UTILITIES					
INSURANCE					
FURNISHINGS					
RENT, LEASE, & PURCHASE EQUIPMENT					
CONSUMABLES AND SUPPLIES					
OTHER (SPECIFY)					
SHORT-TERM RENT PAYMENTS (SPECIFY NUMBER OF PAYMENTS AND AVERAGE COST/PAYMENT)					
SHORT-TERM MORTGAGE PAYMENTS (SPECIFY NUMBER OF PAYMENTS AND AVERAGE COST/PAYMENT)					
SHORT-TERM UTILITIES PAYMENTS (SPECIFY NUMBER OF PAYMENTS AND AVERAGE COST/PAYMENT)					
<b>TOTAL</b>					

DESCRIBE ALL TECHNICAL ASSISTANCE, HOUSING INFORMATION, AND RESOURCE IDENTIFICATION COSTS ASSOCIATED WITH THE PROPOSED PROJECT.

EXHIBIT 10: TECHNICAL ASSISTANCE, HOUSING INFORMATION, AND RESOURCE IDENTIFICATION COSTS BUDGET WORKSHEET			
DESCRIPTION	HOPWA FUNDS	OTHER FUNDS	HOPWA + OTHER
PERSONNEL			
PROFESSIONAL FEES, CONTRACT SERVICES			
TRAVEL			
LEASE SPACE			
CONSUMABLES AND SUPPLIES			
RENT, LEASE, AND PURCHASE EQUIPMENT			
TECHNICAL ASSISTANCE: PLANNING			
TECHNICAL ASSISTANCE: PRE-DEVELOPMENT			
TECHNICAL ASSISTANCE: PRE-CONSTRUCTION			
TECHNICAL ASSISTANCE: COMMUNITY OUTREACH AND EDUCATION			
OTHER			
TOTAL			

IDENTIFY SOURCE OF OTHER DIRECT SERVICE PROGRAM FUNDS:			
	LOCAL	STATE	FEDERAL
CASH	\$	\$	\$
IN-KIND SERVICES OR MATERIALS	\$	\$	\$
TOTAL OTHER RESOURCES:	\$	\$	\$

**INCLUDE AS EXHIBIT 10A A BUDGET DESCRIBING THE OPERATING COSTS ASSOCIATED WITH THE PROPOSED PROJECT'S TECHNICAL ASSISTANCE, HOUSING INFORMATION, AND RESOURCE IDENTIFICATION PROGRAM. THE FTE COLUMN SHOULD REFLECT THE NUMBER OF FTE (FULL-TIME EQUIVALENCY) PERSONNEL WHO WILL WORK ON THAT PROPOSED PROJECT. ONE FTE IS EQUAL TO ONE 40 HOUR PER WEEK POSITION. ANY POSITION THAT IS LESS THAN 40 HOURS SHOULD APPEAR AS A FRACTION (I.E. 20 HRS/WEEK =.5). THE PERCENT COLUMN SHOULD REFLECT THE PERCENTAGE OF THE EMPLOYEE'S TOTAL SALARY AND TIME THAT IS ANTICIPATED TO BE ALLOCATED TO THIS POSITION FOR THIS ACTIVITY. (IF NECESSARY, PLEASE USE ADDITIONAL PAGES TO SHOW ALL OTHER FUNDING SOURCES.)**

<b>EXHIBIT 10A</b> <b>TECHNICAL ASSISTANCE, HOUSING INFORMATION, AND RESOURCE IDENTIFICATION BUDGET</b> <b>PERSONNEL DETAIL</b>
---

POSITION DESCRIPTION	FTE	EMPLOYEE SALARY	HOPWA TECH. ASSIST., HI, RESOURCE AMOUNT	PERCENT OF TOTAL SALARY %	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	TOTAL ACTIVITY COSTS
<b>SALARIES SUBTOTAL</b>								

**EXHIBIT 10A**  
**TECHNICAL ASSISTANCE, HOUSING INFORMATION, AND RESOURCE IDENTIFICATION BUDGET**  
**PERSONNEL DETAIL CONTINUED**

<b>FRINGE BENEFITS</b>	<b>TOTAL PERSONNEL FRINGE BENEFITS</b>	<b>HOPWA AMOUNT</b>	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>OTHER FUNDING SOURCE (SPECIFY)</b>  _____ APPLICABLE TO HOPWA (Y OR N)	<b>TOTAL ACTIVITY COSTS</b>
<b>FICA</b>						
<b>WORKER'S COMPENSATION</b>						
<b>INSURANCE (MEDICAL, DENTAL, LIFE)</b>						
<b>RETIREMENT/PENSION</b>						
<b>UNEMPLOYMENT COMPENSATION</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>OTHER _____</b>						
<b>FRINGE SUBTOTAL</b>						

<b>TOTAL PERSONNEL COSTS</b>						
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**EXHIBIT 10B**

**TECHNICAL ASSISTANCE, HOUSING INFORMATION, AND RESOURCE IDENTIFICATION BUDGET EXPENDITURES DETAIL**

DESCRIPTION (INCLUDE RATE CALCULATIONS)	HOPWA REQUEST	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	OTHER FUNDING SOURCE (SPECIFY)  _____ APPLICABLE TO HOPWA (Y OR N)	TOTAL
PROFESSIONAL FEES OR CONTRACTS					
TRAVEL (INCLUDE MILEAGE RATE)					
LEASE SPACE (AMOUNT AND RATE)					
CONSUMABLES AND SUPPLIES					
RENT, LEASE, & PURCHASE EQUIPMENT					
TECHNICAL ASSISTANCE: PLANNING (OTHER THAN PERSONNEL - SPECIFY)					
TECHNICAL ASSISTANCE: PRE-DEVELOPMENT (OTHER THAN PERSONNEL - SPECIFY)					
TECHNICAL ASSISTANCE: PRE-CONSTRUCTION (OTHER THAN PERSONNEL - SPECIFY)					
TECHNICAL ASSISTANCE: COMMUNITY OUTREACH & EDUCATION (OTHER THAN PERSONNEL - SPECIFY)					
OTHER (SPECIFY)					
TOTAL					

## EXHIBIT 11: COST ALLOCATIONS FOR PROJECT NON-CONSTRUCTION ACTIVITIES

### SECTION A - BUDGET SUMMARY

#	GRANT PROGRAM FUNCTION OR ACTIVITY	HOPWA FUNDS	RENTAL INCOME	OTHER SOURCES			TOTAL COST	PERCENTAGE	
				NAME	NAME	NAME		HOPWA %	OTHER %
	(A)	(B)	(C)	COMMITTED YES OR NO (D)	COMMITTED YES OR NO (E)	COMMITTED YES OR NO (F)	(G)	(H)	(I)
1.	PROPERTY LEASE, MINOR REPAIRS								
2.	OPERATING COSTS								
3.	TECHNICAL ASSISTANCE								
4.	SUPPORTIVE SERVICES								
5.	HOUSING INFORMATION								
6.	RESOURCE IDENTIFICATION								
7.	LONG-TERM RENTAL ASSISTANCE								
8.	SHORT-TERM RENT, MORTGAGE &								
9.	ADMINISTRATION								
10.	TOTAL								

**NOTE: TOTAL COST FOR EACH OF THE ACTIVITIES 1-9 SHOULD MATCH THE TOTAL COST FOR THIS ACTIVITY AS SHOWN UNDER THE AGENCY'S TOTAL OPERATING YEARLY BUDGET.**

**SECTION B - BUDGET CATEGORIES** \* *NOTE: NUMBERS 1-9 REPRESENT THE SAME ACTIVITIES LISTED UNDER SECTION A- BUDGET SUMMARY.*

OBJECT CLASS CATEGORIES		GRANT PROGRAM FUNCTION OR ACTIVITY*									TOTAL
		1	2	3	4	5	6	7	8	9	
A. PERSONNEL	HOPWA										
	OTHER										
B. FRINGE BENEFITS	HOPWA										
	OTHER										
C. TRAVEL	HOPWA										
	OTHER										
D. EQUIPMENT	HOPWA										
	OTHER										
E. SUPPLIES	HOPWA										
	OTHER										
F. CONTRACTUAL	HOPWA										
	OTHER										
G. CONSTRUCTION	HOPWA										
	OTHER										
H. OTHER	HOPWA										
	OTHER										
I. TOTAL DIRECT CHARGES (SUM OF A-H)											
HOPWA											
OTHER											

J. INDIRECT CHARGES										
1. ADMINISTRATION										
2. FACILITIES										
K. TOTALS (SUM OF I AND J)										
L. PROGRAM INCOME										

<b>SECTION C - FORECASTED CASH NEEDS</b>
--

	TOTAL FOR 1 <sup>ST</sup> YEAR	1 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>RD</sup> QUARTER	4 <sup>TH</sup> QUARTER
1. HOPWA	\$	\$	\$	\$	\$
2. ALL OTHER SOURCES					
3. TOTAL (SUM OF LINES 1 AND 2)	\$	\$	\$	\$	\$

<b>SECTION D - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT</b>
--

(A) GRANT PROGRAM	FUTURE FUNDING PERIODS (YEARS)			
	(B) FIRST	(C) SECOND	(D) THIRD	(E) FOURTH
4. HOPWA	\$	\$	\$	\$
5.				
6.				
7				
8.				
9. TOTAL (SUM OF LINES 4-8)	\$	\$	\$	\$



## General Instructions for Exhibit 11

### Section A. Budget Summary

Please detail the HOPWA funds to be provided for each activity shown under column (b). This amount should equal the total amount of HOPWA funding requested and shown in Exhibit 5A, Program Summary. Column (c) represents rental income anticipated to be derived from rent payments received from the tenants in the project's housing facility in accordance with CFR §574.310(d), *Resident rent payment*. Columns (d) - (f) should represent sources of funding other than HOPWA funds and each source should be identified. If in-kind contributions are included, provide a brief explanation on a separate sheet. Enter the total of each activity under column (g). The total for each funding source should be placed on Line 10, for each of the columns (b) - (g). Column (h) should represent the percentage of HOPWA funds to be allocated to this activity. Column (i) should represent the percentage of the total for all other funding sources allocated to this activity.

### Section B. Budget Categories

Proposers should expand and detail the amount for each activity 1-9 by class category in this section. Columns 1-9 in this section match the activities for Lines 1-9 under Section A. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories. Line (I) should be the total of Lines (A-H) in each column. Indirect Costs for each activity should be shown on Line (J). Total Charges for each activity should equal the total of amounts on Lines (I) and (J) and should be shown under Line (K).

On Line (L), enter the estimated amount of income, if any, expected to be generated from this project. However, please be aware that charging HOPWA clients fees, except for rent, is strictly prohibited under HOPWA regulations, CFR §574.430, *Fee prohibitions*. Do not add or subtract this amount from the total project amount. Provide a program narrative statement explaining the nature and source of this income, if it includes income other than the rental income under column (c). *The City of Houston may consider this estimated amount of program income in determining the total amount of the grant to be provided.*

### Section C. Forecasted Cash Needs

Enter the anticipated expenditure amount by quarter for the HOPWA grant during the first year on Line (1). Proposers should enter the anticipated amount of funding needed by quarter from all other sources during the first year on Line (2). Line (3) represents the totals of amounts on Line (1) and (2).

### Section D. Budget Estimates of HOPWA Funding Needed for the Balance of the Project

Grant program titles should be listed under Column (a) for Lines (4) - (8). A breakdown by function or activity is not necessary for this section. If more than four lines are needed to list the program titles, submit additional schedules as needed. Enter the total for each Column (b) - (e) on Line (9). If additional schedules are prepared for this section, state accordingly, and show the overall totals on Line (9).

**EXHIBIT 12: AUTHORIZED SIGNATURES**

The following officers or employees are duly authorized by the Directors of \_\_\_\_\_  
(Name of Agency) to carry out the performance contemplated by  
a contract with the City of Houston and can execute a contract on behalf of  
\_\_\_\_\_.  
(Name of Agency)

NAME	TITLE
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Typed Name of President of Board of Directors

\_\_\_\_\_  
Signature of President of Board of Directors

\_\_\_\_\_  
Date

### EXHIBIT 13: CERTIFICATION OF NON-PROFIT ELIGIBILITY

Agencies that fit the following description are eligible to apply: A secular or religious organization described in Section 501© of the Internal Revenue Code of 1954 which a) Is exempt from taxation under Subtitle A of the Code; b) Has an accounting system and a voluntary board; and c) Practices nondiscrimination in the provision of assistance. In compliance with Title 26 U.S.C., subchapter F, tax exempt organizations, agency must supply a copy of its tax-exempt organization certification (Internal Revenue Code 501(c)(3)) with this application.

I hereby certify that this agency,

\_\_\_\_\_  
(Name of Agency)

is in compliance with the above.

\_\_\_\_\_  
Typed Name of President of Board of Directors

\_\_\_\_\_  
Signature of President of Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency's Tax Exempt Number

## EXHIBIT 14: ACCOUNTING SYSTEM

As the chief financial officer of \_\_\_\_\_

(Name of Agency)

I bear responsibility for providing services adequate to ensure the establishment and maintenance of the accounting system for this agency. The accounting system and internal control procedures will be adequate to safeguard the assets of this agency, check the accuracy and reliability of accounting data, promote operating efficiency and assure compliance with prescribed management policies of the agency and the City of Houston.

\_\_\_\_\_  
Typed Name of Financial Officer

\_\_\_\_\_  
Signature of Financial Officer

\_\_\_\_\_  
Date

## EXHIBIT 15: SECURITY POLICY

Pursuant to regulations of the U.S. Department of Housing and Urban Development, grantees must maintain records necessary to document compliance with HUD guidelines found at Title 24 Code of Federal Regulations; Part 570. Because of this requirement, the contractor must maintain all data in a safe and secure place.

The undersigned certifies that \_\_\_\_\_

(Name of Agency)

shall have in place a mechanism for keeping records, reports, and all data related to this project confidential and in a safe and secure place; that all file cabinets containing such data shall have a lock to which only the bookkeeper, executive director, and project director shall have a key; that all files shall be kept under lock and key; and that file cabinets containing these types of information shall not be located in the program areas.

\_\_\_\_\_  
Typed Name of President of Board of Directors

\_\_\_\_\_  
Signature of President of Board of Directors

\_\_\_\_\_  
Date

## EXHIBIT 16: ASSURANCES AND CERTIFICATIONS

The proposer hereby certifies as applicable, that:

1. Within the designated population:
  - a) It will adhere to the requirements of the Fair Housing Act (42 U.S.C. 3601-20) and implementing regulation at 24 CFR Part 100; Executive Order 11063 and implementing regulations at 24 CFR Part 100; Executive Order 11063 and implementing regulations at 24 CFR Part 107; and Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and implementing regulations issued at 24 CFR Part 1;
  - b) It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) and implementing regulations at (24 CFR part 146), prohibiting discrimination on the basis of age; section 504 of the Rehabilitation Act of 1973 (29 U.S.C., 794) and implementing regulations at 24 CFR Part 8 prohibiting discrimination against handicapped individuals; and Executive Order 11063 and regulations under 24 CFR Part 107 prohibiting discrimination by race, color, creed, sex, or national origin;
  - c) It will adhere to the requirements of Section 3 of the Housing and Urban Development Act of 1968, (12 U.S.C. 1701a) regarding employment opportunities for lower-income residents of the project;
  - d) It will adhere to the requirements of Executive Orders 11625, 12432, and 12138, that grantee or project sponsor must make efforts to encourage the use of minority and women's business enterprises in connection with funded activities;
  - e) It will establish additional procedures to ensure that interested persons can obtain information concerning assistance under this program in cases where established procedures are unlikely to reach persons of any particular race, color, religion, sex, age, national origin, familial status, or handicap, who may qualify for assistance; and
  - f) It will comply with reasonable modification and accommodation requirements of the Fair Housing Act and, as appropriate, the accessibility requirements of the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act.
2. It will certify (i.e., provide assurance of compliance as required by 49 CFR part 24) that it will comply with the Uniform Relocation Act regarding the acquisition of real property and the displacement of persons, the regulations at 49 CFR Part 24, and the requirements of Section 574.630, and shall ensure such compliance notwithstanding any third party's contractual obligation to the grantee to comply with these provisions.
3. It will maintain any building or structure assisted with amounts under this part as a facility to provide housing or assistance for eligible beneficiaries; (i) for not less than 10 years in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure; and (ii) for not less than 3 years in cases involving non-substantial rehabilitation or repair of a building or structure.
4. It will adhere to policies, guidelines, and requirements of 24 CFR part 85 (codified pursuant to OMB Circular No. A-102 and OMB Circular No. A-87) which govern acceptance and use of program funds by grantees and Nos. A-110 and A-122 apply to acceptance and use of program funds by project sponsors.
5. It will provide a drug-free workplace in accordance with Executive Order 1-31, the Mayor's Drug Detection and Deterrence Policy.

6. It will not use federally appropriated funds for lobbying the Executive or Legislative Branches of the Federal Government as required by Section 319 of the Department of Interior Appropriations Act (Pub. L. 101-121, as approved October 23, 1989).
7. It will implement provisions of 24 CFR Part 24 -- governing employment, engagement of services, awarding of contracts, or funding of any contractors or subcontractors during any period of debarment, suspension, or ineligible status.

## 8. CONFLICT OF INTEREST

- a) In addition to the conflict of interest requirements in OMB Circular A-102 and 24 CFR 85.36(b)(3), no employee, agent, consultant, officer, or elected or appointed official of the grantee or project sponsor who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who could participate in a decision-making process or gain inside information about such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.
- b) Exceptions: Threshold requirements. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (a) of this section if it determines that the exception will further the purposes of the HOPWA program and the effective and efficient administration of the recipient's program or project. The recipient must provide the following to get an exception considered:
  - (1) A disclosure of the nature of the conflict, assurance of public disclosure of the conflict, and a description of the method of disclosure; and
  - (2) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.
- c) Exceptional Circumstances: To determine whether to grant a requested exception after recipient satisfactorily meets requirements of paragraph (b) of this section, HUD considers the cumulative effect of the following factors, where applicable:
  - 1) Does the exception provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available?
  - 2) Does the affected person belong to a group or class of eligible persons and will the exception permit such person to receive generally the same benefits available or provided to the group or class?
  - 3) Has the affected person withdrawn from his or her functions or responsibilities, or the decision-making process governing the assisted activity in question?
  - 4) Did the interest or benefit exist before the affected person came into a position described in paragraph (a) of this section?
  - 5) Will undue hardship result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict?
  - 6) Provide any other relevant considerations.

9. The grantee and project sponsor must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846) and implementing regulations at 24 CFR part 35, as applicable. In addition, the grantee and project sponsor must also meet the following requirements relating to inspection and abatement of defective lead-based paint surfaces;

- a) Treat defective paint surfaces before final inspection and approval of the renovation,

- rehabilitation or conversion activity under this part; and
- b) Take appropriate action to protect facility occupants from the hazards associated with lead-based paint abatement procedures. (Approved by the Office of Management and Budget under OMB control number 2506-0133).

I hereby certify the correctness and truth of all information and documentation submitted as part of this proposal, to the best of my knowledge.

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Typed Name of Chairperson of Board of Directors

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Signature of Chairperson of Board of Directors

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Date



**EXHIBIT 17: BOARD OF DIRECTORS ROSTER**

**Instructions:**      Please provide a list of your current board members. Additional pages may be attached if necessary.

BOARD OF DIRECTORS					
NAME OF MEMBER	COMPANY AFFILIATION/ JOB CLASSIFICATION	BUSINESS ADDRESS AND TELEPHONE NUMBER	BOARD POSITION	TERM LENGTH	RACE/ ETHNICITY

# **EXHIBIT 18: MATCHING FUNDS**

Source	Quantity	Dollar Value	Formula or Method of Calculation
Donations		\$	
Materials		\$	
Buildings		\$	
Cash		\$	
Lease or Rent		\$	
Salaries		\$	
Volunteers		\$	
Memberships		\$	
Other Grants		\$	
		\$	
		\$	
Other Sources		\$	
		\$	
		\$	
Match Total		\$	

\*\* The City of Houston and the Department of Housing and Urban Development use as one measure of success the degree to which Federal Dollars leverage private sector and local funds.

## EXHIBIT 19: ACTIVITY PLAN AND PROJECT IMPLEMENTATION SCHEDULE

On the following table, provide a detailed list of the proposed activities discussed under the description for your HOPWA project. (See Exhibit 4.) The Activity Plan should state the activity, the objective of the activity, person(s) responsible for carrying out each activity, and the measurement criteria for the successful completion of the activity.

TABLE 1. ACTIVITY PLAN			
Activity	Objective	Person(s) Responsible	Measurement Criteria

For each phase of the activity, place an "X" in the column indicating when the activity will begin and an "X" in the column indicating when the activity will be complete. (The term "Quarter" refers to a quarter of the project year rather than a calendar year.)

TABLE 2. PROJECT IMPLEMENTATION SCHEDULE				
DESCRIPTION OF ACTIVITIES AS PER TABLE 1	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter

## EXHIBIT 20

### CERTIFICATION REGARDING RESTRICTIONS ON AND NOTICE OF LOCATION OF CERTAIN FACILITIES AND SHELTERS

•

Pursuant to the Local Government Code at Chapter 244, Subchapter A, Correctional or Rehabilitation Facility and Subchapter B, Shelter for Homeless Individuals, the construction or operation of a correctional or rehabilitation facility or a shelter for the homeless is subject to certain distance and location restrictions the particulars of which are set forth hereinbelow.

**DEFINITION:** for homeless individuals means a supervised private facility that provides temporary living accommodations to homeless individuals.

**DEFINITION:** for correctional or rehabilitation facility means a probation or parole office or a residential facility that is operated by an agency of the state, a political subdivision of the state, or a private vendor operating under a contract with an agency of the state or a political subdivision of the state and houses persons convicted of misdemeanors or felonies or children found to have engaged in delinquent conduct regardless of whether the persons are housed in the residential facility (a) while serving a sentence of confinement following conviction of an offense (b) as a condition of probation, parole or mandatory supervision or (c) under a court order for out-of-home placement under Title 3, Family Code, other than in a foster home which the foster home is located under a contract with the Texas Youth Commission.

**DEFINITION:** for residential area means (A) an area designated as a residential zoning district by a governing ordinance or code or an area in which the principal permitted land use is for private residences; (B) a subdivision for which a plat is recorded in the real property records of the county and that contains or is bounded by public streets or parts of public streets that are abutted by residential property occupying at least 75 percent of the front footage along the block face; or (C) a subdivision for which a plat is recorded in the real property records of the county and a majority of the lot of which are subject to deed restrictions limiting the lots to residential use.

**APPLICABILITY:** Subchapter A, Correctional or Rehabilitation Facility (a) applies to the construction or operation of a correctional or rehabilitation facility the state subject to the parameters described hereinbelow at **RESTRICTION "A"**.

**APPLICABILITY:** Subchapter B, Shelter for Homeless Individuals applies to the construction or operation of a shelter for homeless individuals that is located or proposed to be located within the boundaries of a municipality with a population of 1.6 million or more; and subject to the parameters described hereinbelow at **RESTRICTION "B"**.

**WRITTEN REQUEST TO RECEIVE NOTICE:** (a) The commissioners court of a county described under Section 244.002 (a) (1) and governing body of a municipality described under Section 244.002 (a) (2) are entitled to notice under Section 244.002 (a) only if the commissioners court or the governing body as appropriate, submits by resolution to the agency or political subdivision of the state that proposes to construct or operate a correctional or rehabilitation facility, or that contracts for the construction or operation of a correctional or rehabilitation facility, a written request to receive notice. (b) The commissioners court of a county described under

Section 244.002 (a) (1) and the governing body of a municipality described under Section 244.002 (a) (2) are entitled to receive notice under Section 244.002(a) from a private vendor that contracts with an agency or political subdivision of the state only if the commissioners court or governing body, as appropriate, submits by resolution to the contracting agency or political subdivision of the state a written request to receive notice.

**RESTRICTION “A”:** Unless local consent is denied under Section 244.004, an agency of the state, a political subdivision of the state, or a private vendor operating under a contract with an agency or political subdivision of the state may operate a correctional or rehabilitation facility within 1,000 feet of a residential area, a primary or secondary school, property designated as a public park or public recreation area by the state or a political subdivision of the state, or a church, synagogue, or other place of worship. The governing body of a church, synagogue, or other place of worship may waive the distance requirements of Section 244.002 of worship by filing an acknowledged written statement of the waiver in the deed records of the county in which the facility is located.

A person who intends to construct or operate a correctional or rehabilitation facility within 1,000 feet of a residential area, a primary or secondary school, property designated as a public park or public recreation area by the state or a political subdivision of the state, or a church, synagogue, or other place of worship shall, if a request is made under Section 244.005 as indicated above at **WRITTEN REQUEST TO RECEIVE NOTICE**, notify:

- (1) the commissioners court of any county with an unincorporated area that included all or part of the land within 1,000 feet of the proposed correctional or rehabilitation facility; and;
- (2) the governing body of any municipality that included within its boundaries all or part of the land within 1,000 feet of the proposed correctional or rehabilitation facility.
- (3) The entity shall provide notice required by the aforesaid notice requirement not later than the 60th day before the date the person or entity begin construction or operation of the correctional or rehabilitation facility, whichever date is earlier.

**MUNICIPAL CONSENT FOR CORRECTIONAL OR REHABILITATION FACILITIES:** Local consent to the operation of a correctional or rehabilitation facility at a location within 1,000 feet of a residential area, a primary or secondary school, a state park or recreation area, a political subdivision of a state, a church, a synagogue or other place of worship is granted unless, not later than the 60th day after the date on which notice is received by a commissioners court or governing body of the municipality under Section 244.002 (a), the commissioners court or governing body, as appropriate, determines by resolution after a public hearing that the operation of a correctional or rehabilitation facility at the proposed location is not in the best interest of the county or municipality, as appropriate. A commissioners court or governing body of a municipality may rescind a resolution adopted as described herein.

**RESTRICTION “B”:** Unless municipal consent is granted under section 244.025, a person may not construct or operate a shelter for homeless individuals within 1,000 feet of another shelter for homeless individuals or a primary or secondary school.

A person who intends to construct or operate any of the above described facilities is subject to the following notification requirements that are more particularly described at Chapter 244 of the

Local Government Code :

- (1) **Post notice of the proposed location of the shelter at that location.**
- (2) **Provide notice of the proposed location of the shelter to the governing body of the municipality. Written notice must be made to the City of Houston, Planning Department, Attn.: Director, and to the City of Houston, City Secretary, Attn.: City Secretary. The written notice must be sent by certified mail, return receipt requested. No exceptions will be made.**
- (3) **The person shall post and provide notice required by the aforesaid notice requirement before the 61st day before the date the person begins construction or operation of the shelter for homeless individuals, whichever date is earlier.**

**MUNICIPAL CONSENT FOR HOMELESS SHELTERS:** Municipal consent to the construction or operation of a shelter for homeless individuals subject to the notice requirements above is considered granted unless before the 61st day after the date the notice is received by the governing body of the municipality under Section 244.024 (a) (2), the governing body determines by resolution after a public hearing that the construction or operation of a shelter at the proposed location is not in the best interest of the municipality. The governing body of the municipality may rescind a resolution adopted as described herein.

**DISTANCE MEASUREMENT:** For the purpose of Subchapter A, distance is measured along the shortest straight line between the nearest property line of the correctional or rehabilitation facility and the nearest property line of the residential area, school, park, recreation area, or place of worship as appropriate. For the purposes of Subchapter B, distance is measured along the shortest straight line between the nearest property line for the homeless shelter and the nearest property line of another homeless shelter, primary or secondary school.

**EXEMPTIONS:** correctional and rehabilitation that are exempted from these requirements are described at Section 244.006. If Proposer is exempt, please indicate citation and exemption below.

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**PROPOSER CERTIFIES THAT IT HAS READ AND UNDERSTANDS ALL APPLICABLE STATUTORY REQUIREMENTS PURSUANT TO CHAPTER 244 OF THE LOCAL GOVERNMENT CODE AS THEY RELATE TO THE CONSTRUCTION OR OPERATION OF CERTAIN FACILITIES AND HEREINABOVE. PLEASE CHECK THE APPLICABLE BLANKS.**

The proposed facility is located within 1,000 feet of a

- ☐ homeless shelter
- ☐ primary school
- ☐ secondary school
- ☐ correctional facility
- ☐ rehabilitation facility
- ☐ state park
- ☐ state recreation area
- ☐ city park
- ☐ city recreation area
- ☐ church
- ☐ synagogue
- ☐ other place of worship
- ☐ none of the above

Are the aforementioned statutory notice requirements applicable to your project?

- ☐ yes
- ☐ no

Please indicate the type of facility.

- ☐ halfway house
- ☐ community residences
- ☐ SRO
- ☐ transitional living facility
- ☐ multi-family residence
- ☐ single-family residence
- ☐ other \_\_\_\_\_ (please specify)

**IF THE NOTICE REQUIREMENTS ARE APPLICABLE TO YOUR PROJECT, PLEASE INDICATE THE STEPS THAT HAVE BEEN TAKEN TO SATISFY SUCH NOTICE REQUIREMENTS AND ATTACH A COPY OF ANY AND ALL SUPPORTING DOCUMENTATION INCLUDING THE CERTIFIED MAIL RETURN CARD, LETTERS, RESOLUTION, AND A 4X6 COLOR PHOTO OF THE NOTICE POSTED ON THE PROPERTY.**

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Proposer certifies that the information submitted herein is true and correct. Proposer understands and agrees that any misrepresentation or omission of the relevant information may result in disqualification of the proposal from further consideration by the City of Houston, acting by and through its Housing and Community Development Department. For additional information concerning the information contained herein, please contact, Brenda Scott at (713) 868-8484.

Agency or Organization: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_



**[ ] A CORPORATION**

**List all persons and entities having an equity interest of 5% or more. (If none, state "NONE")**

Name \_\_\_\_\_  
Shareholder \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Shareholder \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Shareholder \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**[ ] A JOINT VENTURE**

**List all venturers having an equity interest of five percent (5%) or more and list all persons and entities owning 5% or more of any venturer. (If none, state "NONE")**

Name \_\_\_\_\_  
Venturer \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Venturer \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
5% Owner of Venturer \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
5% Owner of Venturer \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**[ ] LIMITED LIABILITY COMPANY**

**List all person(s) and entities having an equity interest of five percent (5%) or more. (If none, state "NONE")**

Name \_\_\_\_\_  
Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_  
Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

[ ] **NON-PROFIT CORPORATION:**

*List all directors of the corporation, (If none, state "NONE")*

Name .....	.....	.....
	Director	Address Phone No.

Name .....	.....	.....
	Director	Address Phone No.

Name .....	.....	.....
	Director	Address Phone No.

Affiant certifies that he or she is duly authorized to submit the above information on behalf of the Bidder, that he or she is associated with the Bidder in the capacity noted above and that he or she has personal knowledge of the accuracy of the information provided herein and that the information provided herein is true and correct to the best of Affiant's knowledge and belief.

\_\_\_\_\_  
Affiant

**SWORN TO AND SUBSCRIBED before me** this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

NOTE:

This affidavit constitutes a government record as defined by Section 37.01 of the Texas Penal Code.  
Submission of a false government record is punishable as provided in Section 37.10 of the Texas Penal Code.  
Attach additional pages if needed to supply the required names and addresses.

REVISED 4.13.01

## EXHIBIT 22: PROPOSER CERTIFICATION

### PROPOSER IDENTIFICATION

Full Legal Name of Agency:
Legal Mailing Address of Agency:
Telephone Number:
FAX Number:

### REQUIRED SUPPORTIVE DOCUMENTATION

*Enclose one original set and two copies and clearly identify. Mark boldly your agency's name, address and telephone number. **All Required Supportive Documents must be included, or a written explanation detailing the extenuating circumstances responsible for a document's omission. HCDD WILL NOT CONSIDER PROPOSALS LACKING A REQUIRED SUPPORTIVE DOCUMENT.***

1. **AUTHORIZED SIGNATURES** - Submit an executed copy of Exhibit 12 certifying those officers or employees of the agency having the authority to carry out the performance contemplated by a contract and which designates the person or persons who can execute the contract on behalf of the organization and legally bind the organization to the terms of the contract.
2. **CERTIFICATION OF ELIGIBILITY** - Submit an executed copy of Exhibit 13, IRS 501© DESIGNATION letter certifying the agency as a 501(c)(3) nonprofit organization.
3. **ACCOUNTING SYSTEM** - Submit an executed copy of Exhibit 14 certifying the adequacy of the agency's accounting system.
4. **SECURITY POLICY** - Submit an executed copy of Exhibit 15 certifying the confidentiality and retention of records.
5. **ARTICLES OF INCORPORATION OR CHARTER** - Submit a copy of your agency's most current articles of incorporation on file with the Secretary of State's Office.
6. **BY-LAWS OR RULES** - Submit a copy of your agency's most current by-laws or rules.
7. **FINANCIAL AUDIT** - If the agency contracted with the City under an agreement which terminated within the past two years, submit a copy of the financial audit conducted on that contract if such an audit was performed and has been completed. Otherwise, submit the agency's most recently completed general financial audit, no more than two (2) years old.

8. **BOARD OF DIRECTORS** - Submit a roster of all members of the agency's board of directors on Exhibit 17; include their business addresses and telephone numbers. Board of Directors members are prohibited from holding positions as staff members of the organization.
9. **OCCUPANCY PERMITS** - Submit copies of all appropriate occupancy permits required by the State and the City to operate and provide the services proposed. This shall include certified copies and dates of inspection by the City's Fire and Health Departments, where applicable.
10. **COMPLETE LIST OF AGENCY SERVICES** - Submit a brief narrative of all services provided by your agency.
11. **AGENCY BUDGET** - Submit a total budget for all agency operations, including the source of funding for each program.
12. **LEASE** - For proposers requesting funds for property leases or rehabilitation of leased buildings, please submit a copy of the current lease. The lease must cover at least 5 years into the grant, for rehabilitation of leased buildings.
13. **LICENSES** - Attach, as applicable, copies of state and other licenses issued to the agency for providing your services, as well as professional licenses issued to your staff, including nursing, LCDC, and CADAC licenses.
14. **LOCATION** - Submit an executed copy of Exhibit 20 certifying that the location of the facility or shelter is in compliance with the State's Local Government Code at Chapter 244.

I hereby certify all information and documentation submitted as part of this proposal to be correct and true to the best of my knowledge.

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Typed Name of President of Board of Directors

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Signature of President of Board of Directors

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Date